## Placer County Department of Health & Human Services Environmental Health Services

Auburn Office 3091 County Center Dr. Suite 180 Auburn, CA 95603 FAX (530) 745-2300

**WATER SYSTEM NAME:** 



Lake Tahoe Office 565 West Lake Blvd. Tahoe City, CA 96145 (530) 581-6240

## EMERGENCY NOTIFICATION PLAN FOR SMALL WATER SYSTEMS

Section 116460, California Health and Safety Code, requires that every person who supplies water to a user for domestic purposes submit an emergency notification plan to the local health authority. This plan is to be implemented whenever the health authority determines that your water supply fails to meet quality standards and represents an immediate danger to the health of the user. It is recommended that this same plan be used for outages and rationing resulting from natural or man made disasters.

Site Location:					
Mailing Address:					
Street # or PO Box #, City & Zip Code MUST be included					
Secretary's Name:	Phone #:()				
Maintenance Person's Name:			Phone #:()		
PERSON(S) T		ED REGARDING IM		NOF	
Name	Title	Email	Day Phone #	Eve. Phone #	
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RECOMMENDED I	PLAN FOR USER	NOTIFICATION:			
I will notify users by door to door and/or written handout sheets.					
AT TEDNIATE DE AN	J EOD LICED NOT	IEICATION.			
ALTERNATE PLAN FOR USER NOTIFICATION:  I will notify users by the following method:					
I will holify users by the following method.					
	(Attach ad	ditional sheet if necessary)			
Report Prepared by:					
Signature 5 / 2 3 / 1 1		Title	e I	Date	